



**Cancer
CAREpoint**

DONATION FORM

**10th Annual Golf Tournament Auction
Cinnabar Hills Golf Club
April 29, 2024
www.cancercarepoint.org/golf**

DONATION INFORMATION

Please give a complete description, value and interesting facts of the item(s) you are donating.

Item Details: *(please print clearly)*

Value of Donation: \$ _____

Please list any restrictions/requirements/expiration dates for your donation:
(Please consider an expiration date no earlier than May 1, 2025.)

DONOR INFORMATION

Name you would like to appear in donor recognition material:

Name/Company: _____ Contact Person: _____

Address: _____ City: _____

State: Zip: _____ Phone No.: _____ Email: _____

Signature: _____ **Date:** _____

THANK YOU!

Return completed form to Cancer CAREpoint Golf Tournament

mail: 2512 Samaritan Court, Suite A, San Jose, CA 95124 or email donations@cancercarepoint.org

Please contact Charmain Gardner with questions cjgardner1211@yahoo.com

Cancer CAREpoint Information

CCP Solicitor Name: _____ Cell Phone Number: _____

E-Mail: _____ Gift certificate need to be made: **Yes/No?** _____

Delivery/pick up status: _____

**Cancer CAREpoint, 2512 Samaritan Court, Suite A, San Jose, CA 95124
408-402-6611 - www.cancercarepoint.org - Tax ID# 27-3029691**